यावन्तः पुरुषे मूर्तिमन्तो भावविशेषास्तवन्त एवास्मिन् स्रोतसां प्रकारविशेषाः ॥
चरक॰ विमान॰ ५ — ३
[...] तस्मात् पुरुषो मतिमान् बलमात्मनः समीक्ष्य तदनुरूपाणि
कर्माण्यारभेत कर्तुं; बलसमाधानं हि शरीरं, शरीरमूलश्च पुरुष इति ॥ ४ ॥
साहसं वर्जयेत् कर्म रक्षञ्जीवितमात्मनः । जीवन् हि पुरुषस्त्विष्टं कर्मणः फलमश्नुते ॥ ५ ॥
[...] तस्मात् पुरुषो मतिमानात्मनः शारीरेष्वेव योगक्षेमकरेषु
प्रयतेत विशेषेण; शरीरं ह्यस्य मूलं, शरीरमूलश्च पुरुषो भवति ॥ ६ ॥
सर्वमन्यत् परित्यज्य शरीरमनुपालयेत् । तदभावे हि भावानां सर्वभावः शरीरिणाम् ॥ ७ ॥
चरक॰ निदान॰ ६ — ४-७

see translations below

The Conception of the Body in Ayurvedic Medicine

Humoral Theory and Perception

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The main tenets of Hindu medicine, such as the doctrine of the three humours (wind, bile, phlegm) and the series of six rasa-s or "saps" (sweet, acid, saline, pungent, bitter, astringent), remain unchanging throughout the classical literature. The doctrine of humours and saps underlies what I would like to call the dominant conception of the human body in Ayurvedic medicine, which is made of symbolic shapes (the lotus-like shape of the heart, for instance) and religious ideas (the idea of continuity, for instance, from the outside world to the microcosm). But apart from the conception of the human body that will be expounded in these pages, the dominant conception based on the doctrine of humours, it is only fair to mention alternative conceptions: for example, the doctrine of marma-s, the "vital spots," perhaps derived from the practice of wrestling, or the nomenclature of hundreds of bones recorded in impressive lists, a tradition dating back from Vedic times. The basic texts are the medical samhitâ-s of Susruta, Caraka (fixed in their current form at the beginning of the Christian era) and Vâhata (7th cent. AD). As it is the case for all great texts of the Sanskrit tradition, the unity of a medical samhitâ or "compendium" is sheerly nominal. It enfolds a multiplicity of alternative doctrines that are added or withdrawn at different periods, and it refers to various levels of medical practice. There has never been one single conception of the body in Ayurveda, but only a dominant conception. The deceptive impression of doctrinal unity is enhanced by the fact that innovations and suppressions never occur as breaks; new practices are assimilated and old ones rubbed away smoothly. As an example of innovation, one can mention the feeling of pulse—a new practice presumably imported from the practice of Yoga—which has been brought in only since the 11th cent. and does not have any conceptual basis in the classical texts. The major example of a suppression is that of surgery and obstetrics. Though all the samhitâ-s deal with surgery and midwifery in detail, the former link between texts and practice has been broken. Today (I mean, at least since the XVIIth cent.), surgery and midwifery remain as mere empirical skills devolved upon low-caste specialists. To the high-caste physicians who have access to Sanskrit knowledge, the chapters on surgery and midwifery are a dead letter, even if the learned practitioners do read and recite these Sanskrit texts by heart so that apparently there will be no break. In actual fact, the learned practice is restricted to internal medicine, and the tri-dosa conception of the body is dominant (tri-dosa being "the three humours") just because it underlies kâya-cikitsâ, "internal medicine," which for centuries has remained the only living part of the classical tradition.

The following remarks do not pretend to thoroughness. For an exhaustive and accurate description of Ayurvedic anatomy and physiology, one may refer to Hoernle's Osteology and Dasgupta's History of Indian Philosophy, volume II. The present remarks do not give such a description; they are simply a few comparative remarks. From an epistemological point of view, the modern studies on Greek and Latin medicine are well in advance of their counterpart in the indological field. It seems to me that many a comparison between a Greek word and its Sanskrit counterpart will throw a new light on the Ayurvedic doctrine. The following revolve around to main themes. First, I wish to determine the epistemological position of anatomical knowledge. In a word, there is no real anatomy; the humours are vital fluids, and the frame of the body is a network of channels through which vital fluids must be kept flowing in the right direction. The nature and function of organs like the heart, which is the centre of this network, stay indeterminate. Then, I shall try to bring to light some of the images underlying the doctrine of humours: in particular, the state of intimate fluidity and sneha-tva, "unctuousness," of the living body, and the process of over-activating and over-refining vital substances through internal coctions.

The Position of Anatomy

It is a well-known fact of European medical history that, at the time of Vesalius and Paracelsus (XVIth cent.), the practising physician had lost contact with the two main practical grounds of his art: anatomy and botany. "Vesalius, the restorer of anatomy, found the root cause of decline in later Roman medicine, which had developed an aversion to human dissection. This lesser regard for anatomical knowledge resulted in the relegation of anatomy and surgery into the hands of uneducated barbers. Physicians had subsequently come to adopt a priestly disdain for dissection, which was looked down upon as a manual craft." The iatrochemists, the disciples of Paracelsus, put forward a further criticism. "The neglect of anatomy characteristic of Roman medicine was not regarded as its most crucial weakness. More serious was the failure of physicians to retain an active interest in therapeutics. They had become 'quill-doctors', writing prescriptions without any practical knowledge of the materials dispensed by apothecaries; thus abandoning their basic skill to artisans." (Webster: 247-248). Here, with Indian history, as far as the modern Sanskritist can catch a glimpse of it, there is a striking resemblance. At least two major events, alluded to by Charles Webster while speaking of European medicine, did occur in India as well, namely, (1) the decline of anatomy and surgery (maybe since the very first centuries AD), and (2) the intrusion of iatrochemistry; hence the social cleavage between doctors and craftsmen. The over-valuation of the written texts, the Sanskrit samhitâ-s among orthodox brahmins as well as Galen's texts in scholastic Europe, resulted in a clear-cut division between several branches of medical practice, i.e., internal medicine (the doctors' science based on humoral pathology), surgery and midwifery (that is to say, practical anatomy), materia medica (the art of the druggists who identify and supply genuine herbs and salts), and in later days iatrochemistry (the processing of metallic compounds which have been in vogue since the XIVth cent. in India). Dating the decline of anatomy in India is an impossible task. For centuries the various skills involved—surgery, obstetrics, internal medicine, iatrochemistry,etc.—have been distributed among distinct social groups, and those activities which require a minimal knowledge of practical anatomy have been pursued outside the narrow circle of the learned Sanskrit tradition.(1) To quote Rudolf Hoernle, "at a very early period in the history of Indian medicine, owing to the ascendancy of Neo-brahmanism, which abhorred all contact with the dead, the practice and knowledge of anatomy very rapidly declined, and concurrently anatomical manuscript texts fell into great disorder" (p. vi). The oldest parts of the Susruta and Caraka samhitâ-s, which date back to the VIth cent. BC according to Hoernle, displayed an elaborate and accurate knowledge of bones, that eventually fell into oblivion. Of the decline, or more exactly, of the disqualification of anatomy during the first centuries AD, the major evidence adduced by Hoernle is that of Vâhata's Astângasangraha (VIIth cent. AD): it is so replete with inconsistencies as to show that in the time of Vâhata practical anatomy had already fallen into disuse. (Hoernle: 11; and see Vogel, for recent views on chronology). Since then, the corresponding passages in the great samhitâ-s—the nomenclature of bones and other organs, the technical prescriptions for surgery and blood-letting, the chapters on obstetrics, ophtalmology, etc.—have been overlooked by the modern learned practitioners, even if there is evidence of surgical practices among high-

caste physicians as late as the XVIth cent. AD.(2) The process of decline is stretched over about ten centuries. It has generally been explained, first of all by Wilson in 1823(3), as a consequence of the triumph of brahminic clericalism.

But this historical process also follows from a logical division within the classical doctrine itself: the division between pathology and anatomy. Ethnography might prove to be here a better guide than the mere reading of the texts: in a word, the uselessness of anatomy is perfectly evident in the practice of orthodox physicians today. Let me testify to it. My Indian teacher in Kerala, Vayaskara N. S. Mooss (1912-1986), a celebrated physician, botanist and Sanskrit scholar, was a true proponent of the "pure" Ayurvedic tradition, suddhâyurveda; his consultation room was furnished with an imposing desk of teak wood and metallic cabinets containing precious books—Sanskrit texts, and a first-rate English library on medical botany. Several armchairs were provided for visitors, since a patient seldom came alone but more often with a member of the family or a friend. In the line of classical practice, diagnosis, the assessment of the patient's prakrti, the patient's "nature" or "temperament," resulted from conversation. The physician never touched the patient. Prescriptions were written down on headed note-paper. The physician was essentially a Sanskrit scholar; the core of his art was the written prescription, replete with Sanskrit technical terms and phrases. In former days (that is, down to the turn of the 20th century), they were engraved on a cadjan, a piece of palm-leaf. A vivid description of a consultation held by my teacher's grand-father, Vayaskara Aryan Narayanan Mooss, is to be found in the Travancore State Manual:

> "He was visible for about four hours daily (6 a.m. to 10 a.m.) and he listened to what every patient had to say, quietly and attentively. No word was lost on him, for he was all attention. He was a most thoughtful man and had a wonderful memory. One visitor after another narrated his story to his heart's content and the only interruption which was offered to the web of narrative from each visitor was the questionings by the Musu. When he had finished listening to the whole lot of the visitors of the day, he looked at his pupils or disciples who attended on him by turns, and pointing out to each patient he quoted the text which was to be prescribed in the particular case. He gave only the initial words of the text. The pupils immediately wrote out the full text of the prescription […]. The written cadjan chits(4) of prescription were placed before the Musu and he would hand them over himself one by one to the patients concerned […]. It may be stated that the Musu and his visitors would all sit on the floor of an open front verandah of the Illom [the Nambudiri family compound], while those who would not sit with him would stand in the yard, or if they were of an inferior caste outside the enclosure, but all were before him in view and he would talk to all who had come…" (Aiyar: vol. II, 553 ff.).

The disciples were trained in selecting, quoting and applying versified and lengthy recipes taken from Vâhata's Astângahrdayasamhitâ. Just like Galenic medicine, classical Ayurveda was a form of scholasticism. A major difference, however, was that the most authoritative Ayurvedic practitioners had traditionally retained a great proficiency in one particular field of practical knowledge: the taxonomy, combination and processing (cooking) of medicinal plants.(5) The reasons for such a privilege given to medical botany will become clear later in these pages. Images from the vegetable kingdom such as the network of veins in a green leaf, the rising of the sap and the milky exsudation of resinous trees provide models for the body image. The idea prevails of a continuity from plants to men; saps (rasa), medicinal properties (ausadha-guna) and processes of cooking and coction—by the sun, on the kitchen fire, and through the seven organic fires transforming chyle into blood, blood into flesh, etc.—remain the same all along the chain of living beings. Instead of an anatomy, the physician makes use of a combinative system of saps and properties. The patient's body is not really visualized.

In a book in Italian entitled Il coltello e lo stilo [The surgeon's knife and the scribe's stylus] which brings to light the intellectual and social requisites allowing for the birth of anatomical researches in Athens within the Peripatetic school (VIth cent. BC), Mario Vegetti emphazised the role played by anatomical charts. Aristotle used to refer his students to these anatomai, "anatomical charts," devised for educational purposes.(6) We do not have any trace of such an intellectual tool in classical India, where the practice of drawing or mapping the animal body was unknown. To describe the parts of the body and their functions, the Sanskrit texts make use of the

most unmarked words: to go, to stay, to nourish, to support… There is no map nor topography of the body but only an economy (an "animal economy" if I may cite the phrase coined by European natural philosophers in the XVIIth cent.), that is to say, fluids going in or coming out, residing in some âsraya, "recipient" (organs are conceived of as recipients), or flowing through some srotas, "channel." Fluids and solid parts, tissues and organs, the constituent and the constituted are mixed up in the Sanskrit notion of dhâtu, "constituent" of the body. The situation is quite similar to that of Greek medicine before Aristotle: we have Pathology without Anatomy. It is Aristotle who laid the base of anatomy, by making a fundamental distinction between tissues and organs. Tissues are divisible into homoeomeric parts (flesh, by division, gives flesh); organs are only divided into an-homoeomeric parts (a hand, by division, does not give other hands, nor a face other faces). For want of such a distinction, the Ayurvedics in India as well as the Hippocratics in Greece only had a physiology of saps and metamorphoses, but no real concept of organ.

Let us say a word of the heart, for example. The heart is the place where consciousness is concentrated (caitanya-sangraha), the heart is the "root" (mûla) of all channels, the heart is the supreme "resting -place" (âyatana) of the self… (from Dasgupta: vol. II, 343). Caraka says that the whole body with its "six-parts" (sad-anga, ie., the four extremities, the trunk and the head), knowledge (vijnâna), the senses, the sense-objects, the self (âtman), the mind (manas) and the objects of thought (cintya), all are supported (samsrta) by the heart (hrd), just as a house is supported by pillars and rafters (Caraka, Sûtrasthâna XXX, 4-5). The symbolic shape given to the heart—an inverted lotus bud (Susruta, Sârîrasthâna IV, 32), is exactly equivalent to that image of the whole body "clung to" (samsrita) the heart. This is a religious theme, which has nothing to do with anatomy. Jan Gonda, in The Vision of the Vedic Poets, has clearly shown that the heart is a centre before its being an organ (Gonda: chap. XII, esp. 286). This idea of a centre of all major vital functions is so vague and metaphysical, that an old confusion between the stomach and the heart remains in classical Ayurvedic texts.(7)

To designate what will become in modern times the object of anatomy, apart from the notion of sarîrasamkhyâ, "the enumeration of [the parts of] the body" (eg., in Caraka, Sârîrasthâna VII), one can also meet with the concept of mûrti, the "definite shape" or "structure" of the body, as in Caraka, Vimânasthâna V, 3:

> "In the human [body] (puruse) there is as much functional diversity of channels (srotasâm prakâravisesâh) as there is elemental diversity of the organized [body] (mûrtimanto bhâvavisesâs)."

The multiplicity of "elements" (bhâva) induces the multiplication of channels. An element is any kind of production occurring with a definite shape; thence comes the notion of an "organized [body]" (mûrtimant), illustrated by the image of a network of channels; mûrti, in that context, may be taken as an equivalent of the Hippocratic concept of physis, nature.(8) In Ayurvedic medicine as well as in the Hippocratic collection, there is no anatomy as such, but a pathology, a conceptual system of fluids, channels and diseases: fluids and channels that symbolize organic functions, and diseases that introduce imbalance and strain.

The Unctuousness of the Body

One of the most fascinating advances in Greek studies, especially on Presocratic philosophy, during the last few decades, has been to discover that one and the same language centred upon the concept of mêson, "medium, middle quality," the avoidance of extremes, had traditionally been applied in two different fields of argument: the discourse on politics, and the discourse on biological facts. Linguists here would speak of one metalanguage and two of its possible applications. The ideas of equality and harmony, often met with in the form of political models, have also influenced the conception of the human body. "Greek medical thought offers two well-known formulae of equalitarian harmony: Alcmaeon's definition of health as 'equality (isonomia) of the powers' and the conception of temperate climate (krêsis tôn ôreôn) in Airs, Waters and Places as equality (isomoiria) of the hot and the cold, the dry and the moist" (Vlastos: 57).

One may wonder whether the role played by such a language in the Dharmasâstra-s (the codes of brahminic laws) has not been overlooked by Sanskrit scholars. In any case, the same ideas of "equality" (Skt. samatâ), "medium" (Skt. sâdhârana), and more generally, of agreement, appropriateness, conformity or congruence (Skt. sâtmya, upasaya, ucitatva, etc.) have definitely prevailed in Ayurvedic medicine, where humours, rasa-s and the medicinal properties of drugs constitute various sets of contrary powers that must be counterbalanced by each other. Thus Caraka rightly defines the human body as sama-yoga-vâhin, "the vehicle of congruous articulations" (Sârîrasthâna VI, 4). Medicine is the art of establishing harmonious yoga or samyoga, "junctions" or "articulations," between man and his environment, through the prescription of appropriate diets and regimens. The moral significance of such a definition of the body is made perfectly clear by a few mythological stories which, for the most important diseases, provide a religious etiology. It is the case for râjayaksman, "the kingly consumption," which results from over-exertion, profligacy and all sorts of disarticulated behaviour, such as repressing the natural urges or eating incompatible foods. The etiological story is that of god Candra, who was so excessively attached to Rohinî that he completely exhausted his semen, and in other words, all his vital fluids, all his sneha, the "unctuousness" of his body (Caraka, Cikitsâsthâna VIII, 4). Equality, balance and congruous articulations are meant for the conservation and restoration of these precious fluids.

That is the context in which the following eulogy of the body should be understood, which occurs at the beginning of a chapter devoted to the etiology of râjayaksman:

> "[…] An intelligent man should measure his strength and proportion his actions to it, because the body consists in summoning up one's strength, and man is someone who has the body for one's root (balasamâdhânam hi sarîram sarîramûlas ca purusa iti).
>
> "One should avoid acts of violence (sâhasam karma), thus protecting one's life. For it is while living that man obtains the desired results of action.

(A striking formulation of the Hindu ethics of nonviolence, which is self-centred and used as a means of fulfilling one's wishes.)

> "[…] An intelligent man should devote himself especially to those bodily [disciplines] which yield yogaksema,(9) a quiet and prosperous life (sârîresv eva yogaksemakaresu prayateta).
>
> "[…] Leaving aside everything else, one should cherish the body. For, when the body vanishes, for embodied beings it means that all vanishes [ie., all the four aims of human life, all purusârtha-s, to quote Cakrapâni's commentary]" (Caraka, Nidânasthâna VI, 4-7).

The human body is the intersection point where two different orders of things overlap: physical forces… and moral values, physical strength… and the desired results of action.

There is no dualism in that psychosomatic view of purusa, "man," and concretely from a doctor's point of view, "the patient." One and the same embodied being is grasped from outside (his strength) and from inside (his aims). Such a medical text has counterparts in the philosophical literature, and for instance in the strict monism of the Yogavâsistha when the latter says (III 95, 36): "When action vanishes, it means that mind vanishes…";(10) body, in this phrase, is meant for action. The cessation of activity means the annihilation of human aims. The body, which is apparently defined by physical and external action, is in reality a vehicle for the realization of one's purposes. By means of continence and study (brahmacarya), nonviolence (to increase one's longevity) and various other psychosomatic disciplines, one should establish congruous junctions with the surrounding landscapes and seasons, and thus one should protect one's powers, one should husband one's vital fluids.

Fluidity, unctuousness, saps, milk, semen, ojas… I wish to bring to light the central position of a particular set of basic images. That can be done at three different levels. First in the more general context of Hindu mythology and symbolism: one may refer to Wendy Doniger O'Flaherty's book on the mythology of Siva, which is literally based on the discovery that all

relationships among gods, or between gods and men, and relationships of mankind with the animal and vegetable kingdoms, are essentially transactions of fluids. Let us also make an allusion to the sports and dances of Krsna with the cowgirls, their impassionate love, their "thirsting for Krsna's rasa" (Harivamsa II 20 [or 63], 32): one of the most pregnant occurrences of the word rasa, since it implies the whole range of its meanings from the more commonplace—the semen—to the more elaborate—the god's lîlâ, his "play" with the world understood as a transaction of saps.

The second level of approach is the ethnographic one. The traditional physician practises his art in compliance with a specific set of images underlying his gesture and the processing of drugs. The sodhana, "purifying" treatments, will be defined below. They imply: (1) the extensive use of decoctions and medicated oils, which are medicated in so far as they are permeated, impregnated with the saps of medicinal plants, and (2) the sophisticated techniques of oily massages, baths, showers, affusions of oil upon the skin to permeate its seven layers. These medications and bodily techniques are just so many practices that point to the core value of snehatva, "unctuousness." They clear up the channels and nourish the body fluids and tissues (dhâtu); health is nothing but intimate smoothness and outward plumpness. These images, however, which constitute what is sometimes referred to as the body image, are not so manifest in the classic texts. I would never have recognized the significance of sodhana treatments, did I not stay and observe the administration of kâyaseka (pouring oil on the body), snehavasti (oily enema), etc., in a South Indian nursing home. Similar conclusions were reached by Margaret Trawick Egnor, who studied the body image in Tamilnad and recorded the teachings of Y. Mahadeva Iyer, a highly reputed Ayurvedic physician who lived in a village near Cape Comorin. The ethnographer emphasizes the dynamics of soft and hard. Softness is fruitful, soft things have purity. Conversely:

> "The most frequent diagnosis by Mahadeva Iyer of his patients' illnesses was a hardness of some kind. For example, a woman who was diagnosed by another doctor as having a malignant tumour in her liver came to M. for help. He learned that she had had a hysterectomy, and concluded that the blood which was supposed to leave her body as menstrual discharge, finding no way out, had accumulated 'as a sort of hardening matter' in her liver. Similarly, several times M. found 'hardened nerves' due to an obstruction; hardening blood vessels related to high blood pressure… [hardening of the bladder to anury, hardening of useless tissue to cancer, etc.].
>
> "Constipation is regarded as a much more serious disease in India than it is here. Stools are expected to be soft and even runny; purgatives are widely used. If a person fails to defecate one day, this is taken as seriously as a fever. Emptying the bowels cools the body noticeably in this hot climate. Constipation may be the prime example of hardness and excessive substance in the body, which principle M. generalized to include many other disorders" (Egnor: 51-52).

The mode of diagnosis which is here exemplified is far removed from the classical tradition, not only because Western nosology (hysterectomy, high blood pressure, etc.) now prevails in the medical discourse, but also because the assessment of the patient's prakrti, the determination of a specific configuration of the humours which involves the whole personality of the patient, seems to have been completely passed over. But that is not the point. What is of interest to us is the ubiquitous image of hardening, stiffening, rigidifying organs or tissues. Is Mahadeva Iyer personally biased towards the prime image of constipation? And if not, to what extent is it the reflection (in a popularized form) of the classical doctrine? This is answered by lexical analyses.

For at a third level indeed, if we may turn back to the reading of the Sanskrit treatises, the basic images have generated innumerable sets of descriptive phrases, the statistical and semantic study of which is extremely fruitful. Let us consider the vocabulary used, for example, to describe diseases due to the vitiation of wind (vâta), in the chapters devoted to the etiology and pathology of vâtaroga, vâtarakta, and the like. The same stock of verbal roots is resorted to again and again, from which various adjectives and verbal nouns are derived. The body is bent like a bow: verbal roots abound such as NAM-, â-YAM- (which gives âyâma, "stretching, bending, crooking," and antarâyâma, bahyâyâma, vranâyama, etc., various forms of paralysis or rheumatism), KUÑC- (hence sandhyâkuñcana, ankylosis), etc. The body is stiffened, rigidified,

and the muscles are contracted: STAMBH-, â-KSIP- (hence âksepa, convulsion), etc. At first the vocabulary centred upon the theme of hardness plays a descriptive role, but soon it becomes explanatory. The emphasis has shifted from description to explanation. This technical vocabulary is not only applied to the outside appearance of the body, but it is also used in a more abstract way, as a metalanguage, to put forward an etiology: it is applied to the wind itself which runs through the channels. The wind in the channels is submitted to a kind of siege or blockade, âvarana (from â-VR- "to surround, invest, obstruct"). Its course is "obstructed" (âvrta) by an excess of one or the two other humours, or of one of the dhâtu-s (constituents), or of mala-s (impurities). Hence the wind as a fluid grows hard, stiff, indurated. As in Mahadeva Iyer's image of the body, the versatile theme of hardness plays an explanatory role in the Sanskrit texts, but it is at a different level of abstraction, in so far as the basic imagery is applied direct to the humours. Softness and hardness are part of the system itself, the relatively abstract system of dosa-s (humours), rasa-s (saps) and guna-s (sensory qualities). Out of the twenty guna-s (sensory qualities), nearly half will connote the idea of hardness: kathina (hard), khara (harsh), tîksna (sharp), sthira (solid), etc. The above-mentioned verbs and their derivatives that specify and qualify the idea of hardness—bending,convulsing, blocking—are to be subsumed under one guna or another. But the classificatory system of sensory qualities, which consists of ten pairs of opposites, is, so to say, polythetic. Given one pair of opposites like hard-and-soft, or sharp-and-sluggish, or solid-and-liquid, etc., we can emphasize either similarities or cleavages, by grouping harsh-sharp-solid… under the vague idea of hardness, and soft-sluggish-liquid… under softness, or pointing to the conflict between wind (harsh but also sluggish) and bile (sharp), or wind (harsh but also flowing, mobile) and phlegm (solid, immobile). When wind is blocked by phlegm, hardness is of the sthira (solid) kind. When wind is blocked by bile, hardness is of the tîksna (sharp) kind. The hard quality of the wind in itself is associated with dryness (rûksa-tva) but also with fluidity. We are faced to an elaborate system of characteristics within which each predicate is defined by its relations to all the others.

There are four kinds of therapies in Ayurvedic medicine, which are (Susruta, Sûtrasthâna I, 27): samsodhana, the "purifying" treatments, samsamana, the "pacifying" treatments, âhâra, "diet," and âcâra, "the rules for action." The âcâra kind of therapies is in a sense the most significative. The psychosomatic entity is traditionally divided into Body, Speech and Mind, and âcâra includes: bodily disciplines, vocal exercises and mental exercises or the study of logical rules.(11) The body proper (kâya), the object of internal medicine (kâya-cikitsâ), is only one out of three organs of action. The samana medications, be they external (unguents, etc.) or internal (decoctions, etc.), are generally applied at home or to out-patients. The sodhana treatments, which are five in number (emetics, purges, nasal drops, and the two types of enemas, oily and astringent), are administered in hospitals and nursing homes; they require that the patient be confined to bed. The course of sodhana treatment, which lasts for at least seven days, often for several weeks, is inaugurated and afterwards will be concluded by two preliminary proceedings in the form of unctions (snehana) and sudorifics (svedana). Purifying and pacifying treatments—sodhana and samana— constitute the field of internal medicine in the strict sense of the word. Their sole object is kâya, the body penetrated and nourished by fluids and saps of various properties that should be adjusted or counteracted by appropriate medications. Concurrently, âhârâcârau (dual), "the rules for diet and action," also apply to the body but included in a larger set: body, speech and mind. There is an evident analogy between internal medicine (samana, sodhana) and the philosophy of action (âhâra, âcâra). The same images of bodily fluids and the same search for congruous junctions prevail in both spheres. The combinative system of humours, saps and sensory qualities that gave rise in the medical sphere to the techniques of polypharmacy, that is, hundreds of complicated decoctions and oils, was already present in daily life. There is some continuity between a broth and a decoction, or between the daily practice of oil-bath and the affusion of medicated oil (kâyaseka) to treat diseases of wind.

I have tried in these pages to link ethnography and the learned tradition. Taking one step further, I would like to bring to light, within the classical doctrine itself, a basic correspondence between the humoral theory and the central position of purifying treatments. Already in the European Hippocratic tradition, the humoral theory determined the use of oils, sudorific and depurant medications, and it is exactly so in Ayurvedic medicine. This observation was suggested to me by R. M. Yost's excellent paper on "Thomas Sydenham's Philosophy of Science." Sydenham, in the XVIIth century, was the most brilliant of modern humoralists:

> "The doctrine of humours implies, we may recall, that by controlling internal and external temperatures the imperceptible sustaining causal conditions of diseases can be altered in such a way that they can be removed by purges, emetics, sudorifics, and bleedings. It thus narrows all major classes of medicines to warmers, coolers, purges, emetics, and sudorifics; and it narrows the major non-medicinal treatments to the regulation of external temperature and to bleeding. (I have left out of account general strengtheners, diets and regimens)" (Yost: 101).

Purges, emetics, sudorifics, and bleedings constitute the four traditional modes of evacuation. Bleeding may be left aside, since it is more surgical than medical. Significantly enough, bleeding sometimes appears in the list of five purifying treatments;(12) but it is rejected by orthodox physicians. On the same line of thought, emetics and purges, in India as well as in the West, have fallen into relative disrepute: their effects are too violent indeed. Sydenham rejected the use of purges and emetics, because he thought they would have set back the natural healing process following which the morbid humours tend to be repelled towards the extremities of the limbs, and exsudated. The Ayurvedics used to hold similar ideas. Thus the most esteemed medications are the least violent: warmers, coolers, and sudorifics. Notwithstanding the peculiarities of the historical context—the influence of iatrochemistry on Sydenham's conceptions, the contradiction between humoral pathology and the notion of Specifics, etc.—we can draw two conclusions from the foregoing comparison of Ayurveda with Hippocratic humoralism. First, there is a logical link between the doctrine of humours and the use of evacuants. Second, an evolution is observed towards nonviolent medications. I have the feeling that Thomas Sydenham exemplifies such an evolution of humoralism in the West.

But we might better turn back to the South Asian scene, where we do observe the triumph of warmers, coolers, and sudorifics in modern Ayurvedic practice. Of the five sodhana treatments, purges and emetics are seldom used nowadays, but vasti, "enema," and especially sneha-vasti, "oily enema," is the most popular of evacuant therapies. In a sense, enemas are evacuants: "vasti eliminates the mala-s (impurities) from the body liquefied [by the liquid injected in the rectum], just as a cloth absorbs the colour from the water added with kusumbha and other dyes" (Vâhata, Astângahrdayasamhitâ, Sûtrasthâna XIX, 84). The enema liquid acts like a sponge. But at the same time, enemas are nourishing. There is no better remedy than sneha-vasti against wind-diseases (ibid., 86). The fundamental action of enemas is to counteract dryness and to restore unctuousness. Moreover, smoothness, gentleness of all technical gestures, rhythm alternating astringent and oily enemas in regular series, moderation in favouring transitional seasons as the most propitious ones and in the temperature of the enema liquid that should be "neither too cold nor to hot" (sâdhârana)—all details concur to emphasize the idea of nonviolence and spiritual control. Immediately after the enema has been injected in the rectum, the patient must lie down, "giving his attention to it" (tan-manâ, ibid., 46); not only he expects and prepares the evacuation of the liquid, but he also constructs an image of his body being pervaded by the potency of the enema. In the patient's mind itself, we meet again with the body image: unctuousness, fluids and channels. The prevalence of warming, cooling and sudorific treatments is confirmed, in contemporary practice, by the recent promotion to the status of Special Treatments and full medications in themselves, of sudorific and oily massages, which in former times were understood as mere preliminaries to the administration of evacuants. Due to their rejuvenating effects, the various special techniques of oily massages, affusions of oil (kâyaseka) and sudorific and nourishing massages with boluses of rice (pindasveda) practised in Kerala, seem to offer a modern substitute for the ancient art of Rejuvenation.

This paper does not constitute a description of the body image nor a formal account of the learned doctrine of Ayurvedic anatomy. I have tried to bring to light, from an epistemological point of view, two necessary distinctions and one possible connection. The distinction between Anatomy and Pathology is fundamental and everlasting, as far as Ayurvedic medicine is concerned. The social cleavage between doctors and craftsmen underlies the history of surgery, which has disappeared from the learned tradition while being pursued by low-caste practitioners. But Hindu culture is one and the same at various levels of approach; from the body image observed by anthropologists to the classical doctrine of humoral pathology, there is some continuity.

Notes

1

Rhinoplasty, for instance, was learned by British surgeons from a native practitioner of the potter caste who demonstrated his surgical skill at the end of the XVIIIth century; see Gentleman's Magazine, October 1794.

2

Palm-leaf records show that Vâsudeva, for instance, an ancestor of my teacher Vayaskara Mooss in Kerala and the author of Anvayamâlâ (XVIth cent.), a commentary on Vâhata's Astângahrdaya, was rejected by his Nambudiri family because of his practising surgery. Traditional forceps can still be found in the Astavaidya Nambudiri houses, even if they have never been used within living memory.

3

"It would be an enquiry of some interest to trace the period and causes of the disappearance of surgery from amongst the Hindus; it is evidently of comparatively modern occurrence, as operative and instrumental practice form so principal a part of those writings, which are undeniably most ancient, and which being regarded as the composition of inspired writers, are held of the highest authority. It is an enquiry connected with the progress of manners, for the persons, whoever they were, who wrote in the character of Munis or deified sages, would not have comprised that character by imparting precepts utterly contrary to the ritual of the law…" (Horace Hayman Wilson, "Medical and surgical science of the Hindus," Oriental Magazine, February 1823, quoted by Aiya: vol. II, 565).

4

Cadjan, an Anglo-indian word from Javanese, means "palm-leaves," and chit (earlier chitty), an Anglo-Indian word from Hindi citthî, means "note or written paper; note of order, sum owed, prescription, etc."

5

My observations are confirmed by other anthropologists. In Surate, Daniel Tabor, an Oxford student, learnt medical botany from Bapalalji, an Ayurvedic physician whose Nighantv-âdarsa, a study of classic herbals, is famous all over India. In Tirunelveli, Margaret [Trawick] Egnor mentions that her guru Y. Mahadeva Iyer used to wander over the mountains in search of medicinal plants (Egnor: 7).

6

Aristotle, Hist. anim. III, 1, 509b22; 511a13; Gen. anim. I, 11, 719a10; etc. See Vegetti: 35; and also Charles Singer: 17-18 and Fig. 13, who shows that in some cases these drawings can be restored.

7

"There is no safely reconstructible term for 'stomach'. Its function was certainly unknown, for it can be established by the witness of earliest texts of an Indo-European tongue that it was erroneously ascribed to the heart" (Thieme: 595). The confusion between the heart and the stomach appears in the ambiguous meaning of hrdya, literally "cordial," which must probably be understood as "pleasing the stomach" (see Vogel: 199).

8

“Le mot même de nature, appliqué à ce que nous appelons anatomie, montre la différence qui sépare les anciens des modernes. La connaissance du corps n'est point pour eux une question d'histoire naturelle ni une question de description, mais une question d'organisme où tout se tient: les parties, leurs fonctions et leurs maladies. Là où nous avons deux mots: anatomie et physiologie, ils n'en ont qu'un: physis, nature. Il n'y a pour l'école de Cnide, pas plus que pour l'école de Cos, ni anatomie ni physiologie pour elles-mêmes, mais une nature qui résulte de parties et de fonctions, et dont l'étude est subordonnée à celle de la pathologie interne et externe” (Daremberg: vol. I, 105).

9

“Quiet and prosperous life” (yogaksema) is a core value of Hindu ethics (see Dumézil: 75).

10

“In this world the movement generated by action is called karma, and, as it is by the movement of manas that all effects take place, and the bodies with all their associated sufferings or enjoyments are produced, so even the body, which is associated with physical, external karma, is in reality nothing but the manas and its activity. Manas is essentially of the nature of karma, or activity, and ‘the cessation of activity means the destruction of manas’ (karma-nâse mano-nâsah)” (Dasgupta: vol. II, 238).

11

References in Rosu: 22-23, 105 and 143-144. Dalhana's definition of samana and sodhana treatments complicates matters, because it introduces surgery and bleeding. The definitions given in the present paper follow my own ethnographic observations.

12

For example, in Vâhata, Astângahrdayasamhitâ, Sûtrasthâna XIV, 5, one of the most conspicuous points where the living tradition diverges from the classical text. See also Dalhana, cited by Rosu: 105 (and my remarks in the previous note).

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